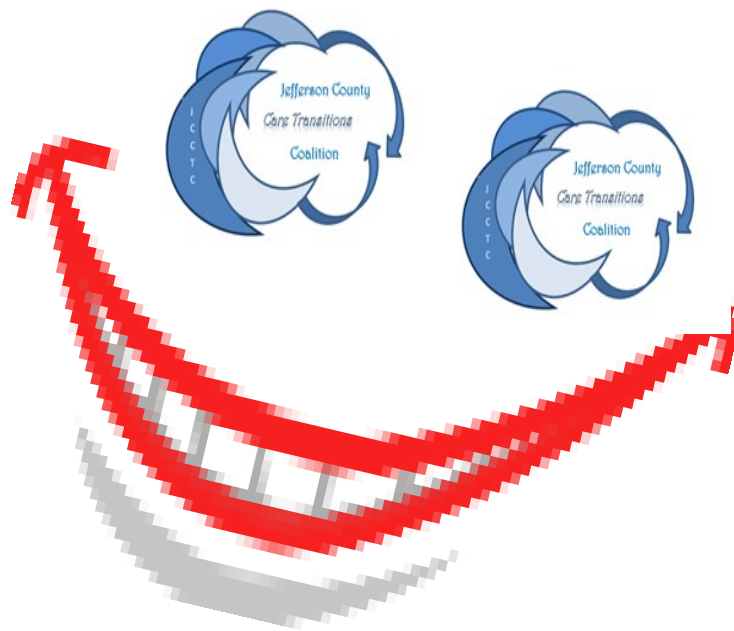


# Safe Swallowing

## Training Reference Guide

Jefferson County Care Transitions Coalition project

May 2015



What is dysphagia?

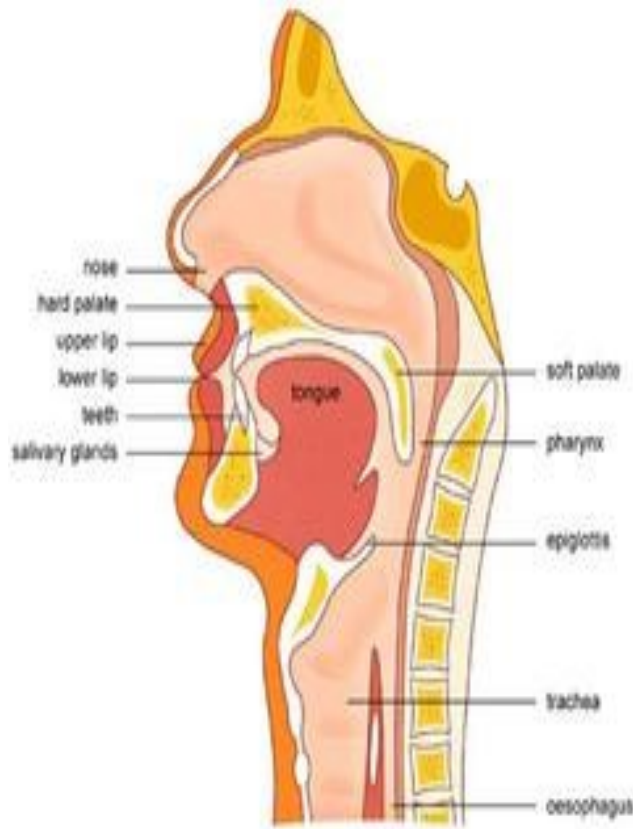
Steps for Safe Feeding

Red Flags for Swallowing Difficulty

Special diets and restrictions

# **Dysphagia (pronounced dis - fay - ja)**

is the medical term that means **swallowing difficulty**. Someone with Dysphagia has a hard time swallowing foods and/or liquids without having them “go down the wrong pipe”.



Some of the common reasons why someone might develop Dysphagia include; having a stroke, mouth or throat cancer, nerve disorders (like Parkinson's, multiple sclerosis, ALS, etc.) or dementia / Alzheimer's (forgetting how to swallow). Also loose fitting dentures and missing teeth can cause chewing and swallowing problems.

A Dysphagia Diet is one that has **different textures of foods and liquids** to help people with chewing and swallowing difficulties.

Following the diet **makes it easier to chew and move food in the mouth.**

It reduces the risk of food going into the “windpipe” and into the lungs.

# Steps for Safe Feeding


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## Before the meal

- Check the food for the correct diet.
- Have the resident sit fully upright – 90 degrees
- Residents must be awake, alert.
- Dentures fit well, glasses on, hearing aids working.
- Check for individual swallowing recommendations in care plan (i.e. Use of chin tuck or no straws )



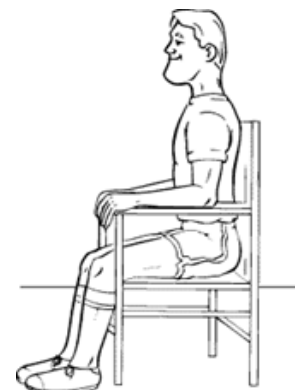
## Feeding/eating

- Assist with special utensils or plates/cups as needed.
- Insert the food into the stronger side of the mouth
- Alternate small bites with sips.
- Feed slowly and allow 5 – 10 seconds per bite/sip
- Watch for **Red Flag**  swallowing problems
- Sit at eye level with resident and coach as needed
- Keep the dining area pleasant and calm.



## After the meal

- Check for holding food in the mouth and cheeks
- Provide mouth care.
- Sit upright for 30 minutes.

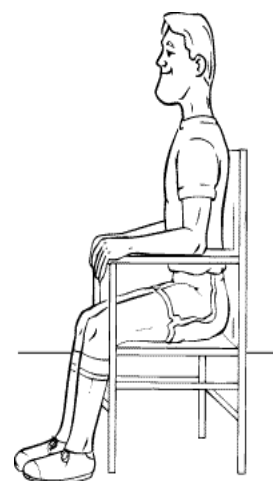


# STOP & WATCH

## Red Flags for Swallowing Difficulty

**STOP**..... If your resident or family member

- Cannot sit **upright**
- Is not **awake** enough to accept food
- Has **teeth or dentures** missing or not fitting
- Gets distracted while eating  
needs to be reminded there is food in his mouth



**WATCH**.....does he/she

- Complains of **pain or discomfort** when eating
- **Not chew** or chews very slowly
- Has pieces of food fall out of mouth
- Has food in his mouth after swallowing
- Liquids dribble out of mouth
- **Cough or gag?** Encourage strong cough. to clear.
- Wet or hoarse voice after the swallow



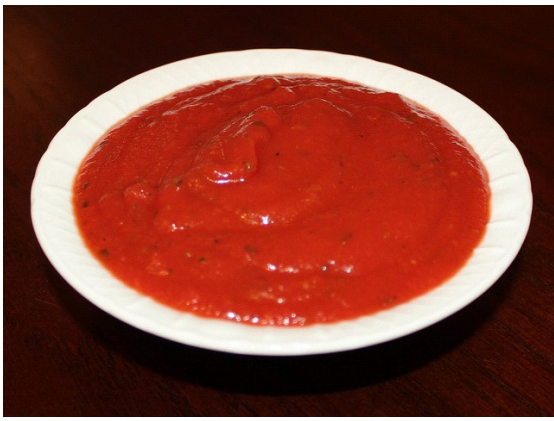
**REPORT to** \_\_\_\_\_

Name of resident \_\_\_\_\_

Your name \_\_\_\_\_

Observation reported to \_\_\_\_\_ Date/time \_\_\_\_\_

Staff to document in residence record



## Level 1

# Dysphagia Pureed



Foods that are pureed, “pudding-like” (not jello-like). Need to be smooth with no lumps, chunks, pulp or seeds.



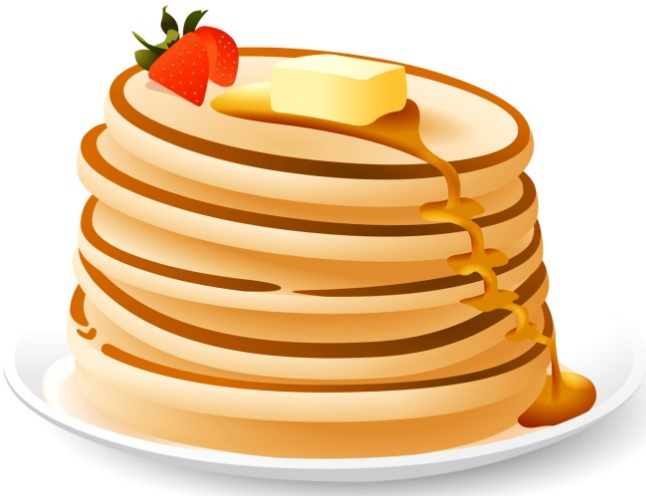


## Level 2

## Dysphagia

## Mechanically Altered

Foods that are **moist, soft textures**, ground or minced. **Small pieces** no larger than  $\frac{1}{4}$  inch. Easy to chew.



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# Level 3

## Dysphagia

### Mechanically Soft

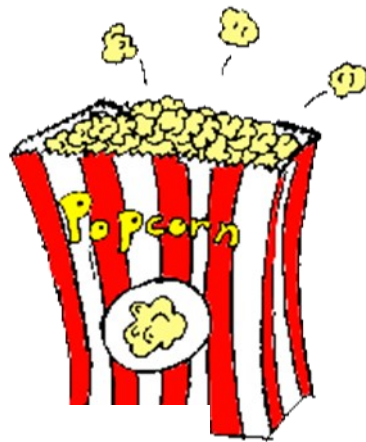
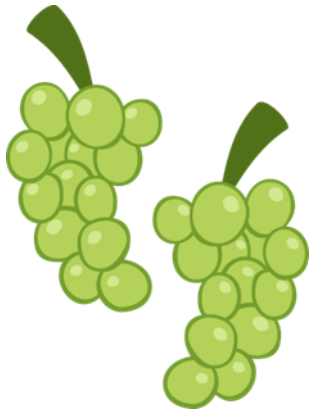
Foods that are **soft-solid**. Easy to cut up, but not hard, crunchy or very dry foods. Requires more chewing ability.







**No...**  
**No...**  
**No!!**



Nueces de Brasil



Anacardos



Almendras



Avelanas



Pistachos



Nueces



Pinones

